

## SITE VISIT REPORT

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**I. VISN 5 Maryland Health Care System**

**II. Dates of Visit: June 30, 2003**

**III. Sites Visited During Trip**

- a. Baltimore
- b. Perry Point

**IV. Commissioners/Staff in Attendance**

Commissioner Charles Battaglia

Commissioner Jo Ann Webb

Commission Staff: Nicheole Amundsen, Rebecca Wiley

**V. Summary of Meeting with VISN/Medical Center Leadership**

**a. Names and titles of Attendees**

VISN 5:

James Nocks, M.D., Network Director

Ken Baker, Capital Asset Manager

Maryland Health Care System

Dennis H. Smith, Director VAMHCS

Mohamed Al-Ibrahim, Executive Chief of Staff

Kathy Lockhart, Associate Director for Operations

Guy Richardson, Associate Director for Finance

Susan Davis, Chief Nurse Executive

Marilyn Wagster, Executive Assistant to the Executive Chief of Staff

Nancy Quailey, Executive Assistant to the Director

Richard Iafolla, Chief Engineering

**b. Summary of Meeting with VISN and Health Care System Leadership ~ Baltimore:**

**i. Meeting Forum:**

The meeting was informal with VISN and facility leadership in attendance.

**ii. What did we learn about Baltimore:**

Dr. Nocks began the session with an overview of the Maryland Health Care System and a brief overview of VISN's 5 Market Plans. He discussed the plan for reassessing mental health services in the Network and in moving patients closer to their homes. There was a brief discussion of the plan to move 77 beds from Martinsburg to Washington DC and for building a new nursing home care unit at Perry Point, rehabilitating some of that space and moving psychiatry patients into that space.

Mr. Smith and the Maryland Health Care Team discussed the overall need for more space to manage both existing and projected growth in outpatient visits. He indicated there is no room to expand in the existing facility. He indicated that many of the rooms currently used for clinics are suboptimal as they were designed as inpatient rooms, not as clinic office space. He indicated that there is no room for new construction at Baltimore and that the building was not designed to allow floors to be added. Staff indicated that Baltimore has more than doubled the number of outpatient visits originally predicted when the facility was built.

To address these issues there is a plan for minor construction to reconfigure what were patient rooms into offices that are more efficient. It is projected that this construction will add 49 new exam rooms, which is an increase of 45%. However, even the increase that will be gained from this construction will not meet the demand projected for specialty care. It was indicated that currently many physicians have only one exam room, which is inadequate to maximize the ability to see patients in an efficient manner.

To address the increased need for outpatient space, Mr. Smith indicated the Baltimore Health Care System would move primary care out of the building to a site not too distant from the facility and would move specialty clinics into the vacated space. Plans call for some of the more common specialty clinics, such as mental health, eye, podiatry and audiology to also be provided in CBOCs. The Maryland Health Care System has been in discussion with DOD to provide space for a Joint Venture Ambulatory Care Center at Fort Meade. Staff and Commissioners viewed blue prints for existing space and proposed drawings of newly configured space.

### **iii. Commissioner/Staff Impressions of Tour of Baltimore:**

Commissioners and staff toured existing specialty and primary care clinics and verified that the current configuration of inpatient rooms used for outpatient clinics includes a good deal of space that might be utilized more efficiently. Commissioners and staff verified that a number of providers currently have one exam room per staff member and heard from staff physicians and clinic managers that this slowed the process of seeing patients and led to seeing fewer patients in a day.

### **iv. What did we learn about Perry Point**

Perry Point has a census of 400 and there is one community hospital in the area. Some questions exist about the standards of care provided in the community hospital. It is difficult to rapidly transport patients to more acute facilities from Perry Point.

There are about 40 acute psychiatry beds at Perry Point and the rest are more long-term psychiatry. Some of the psychiatry beds are long-term but most are utilized for various types of rehabilitation, treatments and patient stays are shorter. The plan is to move 22 psychiatry beds from Perry Point to Washington DC.

Clinical staff feel that some acute care beds are needed at Perry Point to allow for assessment and observation of psychiatry and nursing home patients when they become ill. There is a 14-bed acute medicine ward that is next to a 29-bed chronic ventilator unit, which is the only one in the Network. Network leadership believes this unit provides flexibility in providing other acute medicine beds if Baltimore can't take any more patients. The Intensive Care Unit (ICU) that was attached to the acute medicine ward is no longer designated an ICU. It is now a stabilization and step-down unit.

Even though Nursing Home Care Units (NHCU) were not included in this round of CARES, the Network made a conscious decision to plan for a replacement of the NHCU at Perry Point. The current NHCU rooms were not designed for Unit Dose Medication Carts and there is a lack of storage rooms. There is a wood roof, which does not meet some fire code requirements and one existing fire zone has only one exit. There are leaking and corroded plumbing, leaking roofs and inadequate heating and cooling systems. The Fire Alarm and the Electrical systems are both over 30 years old. Additionally, there are privacy, communal bathroom and handicapped access issues. Other problems exist. The current configuration of the unit is not usable for dementia patients and the basement leaks groundwater and remains wet most of the year. The plan calls for building a new NHCU that will house 80 patients from one building and 50 from another, which will improve efficiency. The current building would be demolished.

**v. Commissioner/Staff Impressions of Tour of Perry Point**

Commissioners and staff toured the current nursing home at Perry Point and verified the problems that had been identified by the Network with the current building. They toured the primary building where psychiatry is located and found the building to be new and in good condition. The acute care area and in particular the chronic ventilator unit appeared to be in reasonable condition.

**vi. Findings/Outstanding Questions/Follow-up Items**

1. VSO have been involved in the process and are well informed
2. Clinic space at Baltimore does not meet current needs and without construction, there are few options for expansion.\*\*
3. Nursing Home Care Unit space at Perry Point is in need of replacement.\*\*
4. Are there additional opportunities for Enhanced Use Leasing that might augment the VA mission?
5. What are the priorities for VISN 5 Market Plans?
6. There needs to be further discussions and explorations of DOD collaborative efforts and plans.
7. Verify how the VISN plans to ensure the move of primary care (including optometry, audiology, podiatry and mental health) out of the Baltimore VAMC to create space for specialty care, while maintaining ease of access to primary care.
8. More information is needed about the specifics of the plan for moving psychiatry and Dom beds to Washington DC.
9. Perry Point was considered to be within the 60 miles proximity to Baltimore and Wilmington. The mini market plan indicated that Perry Point had a different mission than Wilmington, which

was verified. However, Perry Point also has acute care beds, which is what was to be assessed in the proximity criteria. There is a need to gain a better understanding of why Perry Point's acute care beds and Wilmington's are not candidates for integration/closure/merger? This is not discussed in the Market Plan\*\*

\*\* = Possibilities to be added from my notes, etc.

**b. Summary of Stakeholder Meeting(s)**

**i. Describe Meeting Forum**

Met over an informal lunch at the Baltimore VAMC.

**ii. Stakeholders Represented**

- a. John Grill, Chairman, American Legion Rehabilitation Foundation, Department of Maryland
- b. Ron Riddings, Union Local 1923
- c. Kerry Dowden, Union Local 331
- d. Carl Bethke, Department Adjutant, Disable American Veterans, Department of Maryland
- e. Reginald H. Jackson, Veterans Benefits, Regional Office
- f. Larry Kimble, Deputy Secretary, Maryland Department of Veterans Affairs

**iii. Topics of Discussion**

The most common area of discussion dealt with CBOCs. One VSO was concerned that there might be a plan to close Perry Point and if that happened access would be more difficult. Network leadership assured them that this was not planned. Another wanted to see a CBOC added in a specific area. One VSO was worried that what VHA and the VISN plans to do is expensive and he isn't sure how VA would pay for it

Most VSOs felt they had been involved in process and know what is being proposed. The State Veterans Affairs commander indicated that there are still beds that are empty at the Charlotte Hall State Veterans Home.

VSOs were asked about the Enhanced Use Plan at Fort Howard and how they felt about paying for services. One veteran indicated that he was sorry that VA couldn't keep the grounds and buildings. Another indicated he didn't have a problem with paying as long as it was not too expensive. They were pleased that the plan allowed wives to live there too and was happy that if the veteran died, his/her spouse was able to continue to live there.

The local union president indicated they had been involved in the discussion and the Union supported moving the 22 beds from Perry Point to Washington DC. One employee felt unions had not been involved in the plan and had not played a role in the process. Some concern was expressed about the idea of contracting for CBOCs rather than hiring staff and with

the possibility that employees would be moved to staff a new CBOC and the vacated position not filled at the parent facility.

Some concerns about nursing shortages were brought up, especially at Perry Point. The current RN vacancy has decreased from 10% to 4%. LPN vacancy rates are 10%. Turnover of nursing staff was described as fairly low. Nursing leadership indicated that in the next five years there would be problems within nursing as so many staff are eligible for retirement.

**iv. Findings/What did we learn?**

1. VSO's are generally knowledgeable about and support the plan and have been involved in the process.
2. Some concerns exist about the costs involved in these plans.
3. There is great interest in having more CBOCs.
4. Employees are generally supportive of the plan and have been involved.
5. Some concerns exist about having enough staff to fill new positions and the looming nursing shortage that is expected with the upcoming retirement of a number of nurses.

**v. Outstanding Questions/Follow-up Items**

None

Submitted by: Nicheole Amundsen, Commission Staff

Approved by: Charles Battaglia, Commissioner  
Jo Ann Webb, Commissioner